

ST TERESA OF CALCUTTA FAITH FORMATION

Re-Registration 2019-20



The following child/children will return to Faith Formation classes.

1. FULL NAME _____ ENTERING GRADE _____ DOB _____

SCHOOL _____ List/Update any Medical or Learning Considerations _____ (provide or update IEP)

CHECK PREFERRED CLASS TIME:

- SUMMER SESSION (JUNE 23-28) FOR GRADES 1 THROUGH 7
 WEEKLY SUNDAY 9:30-10:45AM FOR GRADES K THROUGH 7
 WEEKLY TUESDAY 3:30 -4:45PM FOR GRADES 1 THROUGH 6
 HOME SCHOOL FOR GRADE 1 THROUGH 7
 CONFIRMATION PREP YEAR 2 (SUNDAY EVE 6:30-8:30pm 2-3 X A MONTH)

2. FULL NAME _____ ENTERING GRADE: _____ DOB _____

SCHOOL _____ List/update any Medical or Learning Considerations _____

CHECK PREFERRED CLASS TIME:

- SUMMER SESSION (JUNE 23-JUNE 28) FOR GRADES 1 THROUGH 7
 WEEKLY SUNDAY 9:30-10:45AM FOR GRADES K THROUGH 7
 WEEKLY TUESDAY 3:30 -4:45PM FOR GRADES 1 THROUGH 6
 HOME SCHOOL FOR GRADE 1 THROUGH 7
 CONFIRMATION PREP YEAR 2 (SUNDAY EVE 6:30-8:30 pm 2-3 X A MONTH)

3. NAME _____ ENTERING GRADE _____ DOB _____

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Father's Full Name _____

Mother's Full Name (including Maiden Name) _____

Phone _____ Alternate _____

Family Address _____ City _____ Zip _____

CHECK CHILD RESIDENCY (BOTH PARENTS) _____ FATHER _____ MOTHER _____ OTHER _____

E-Mail (required) _____

Emergency Contact _____ # _____

Person/s Responsible for Pickup _____

ONE CHILD: \$120; TWO CHILDREN: \$190; THREE OR MORE CHILDREN: \$240
THERE WILL BE A \$35 LATE FEE AFTER MAY 20.

- Parents who volunteer as catechists or aides will have their registration fee waived.
 - Yes, I would like to serve as a CATECHIST _____
 - Yes, I would like to serve as an AIDE _____
- There will be an additional fee for the children preparing for the Sacraments of Reconciliation, Holy Eucharist and Confirmation which will be due with the application for the sacrament.

MAKE CHECKS PAYABLE TO ST. TERESA OF CALCUTTA MAIL TO 809 PARK AVE, COLLINGSWOOD, NJ 08108

Completed Registration includes Fee Enclosed: _____ **CK #** _____